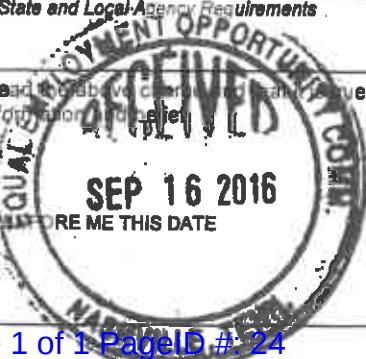


CHARGE OF DISCRIMINATION		Charge Presented To:	Agency(ies) Charge No(s):
<p>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</p>		<input type="checkbox"/> FEPA	
		<input checked="" type="checkbox"/> EEOC	494-2016-01988
and EEOC			
<i>State or local Agency, if any</i>			
Name (Indicate Mr., Ms., Mrs.) Paul A. Wilkin		Home Phone (Incl. Area Code)	Date of Birth 08-02-1971
Street Address 1085 Karma Lane, Gallatin, TN 37066		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name BERETTA USA CORP.		No. Employees, Members 201 - 500	Phone No. (Include Area Code) (301) 283-2191
Street Address 1399 Gateway Drive, Gallatin, TN 37066		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)			
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)			
DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 02-01-2016 09-08-2016			
<input type="checkbox"/> CONTINUING ACTION			
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>I am a person with a qualifying disability that was known by the Respondent. I was hired by the Respondent on March 31, 2015 as a Metrologist. I believe that during my employment, I was harassed, denied full benefits of my reasonable accommodation request, had my assignment changed and was discharged due to my disability and due to me complaining of discrimination relating to my disability. This employer has 15 or more employees.</p> <p>Around February/March 2016 I notified my employer of my disability and accommodation request. Soon after, I was sent to see a company directed doctor for a fit for duty exam. I was required to wait 5 weeks to see the company doctor that resulted in all of my sick leave being exhausted. Upon my return I was released to full duty and was granted intermittent excused leave under FMLA as my accommodation but was not paid and was being told I was accruing points against me as a result as well. I was not allowed to use my sick time to cover my accommodation absences for pay purposes. Also, upon my return, my assigned duties were changed even though they were never part of my accommodation request or necessary. My supervisor, Mr. Tzanakos, began harassing me openly. I complained to HR more than once. After a conflict with a coworker that was aggravated by my supervisor, Mr. Tzanakos, I was moved to 2nd shift where there has never been a Metrologist and I was still doing the lesser assigned duties. My supervisor also made very harassing comments to me about my disability and compared me to his ex-wife who also had a similar disability. I was told by him that I was not fit to work for the Respondent. Soon afterward, on September 8, 2016 I was directed by Mr. Tzanakos that I must give 2 days advance notice to use vacation time for my accommodation absences and must call the company sick line if I'm going to use sick leave. This is a change to my accommodation agreement. I went to HR to complain and was sent home due to this aggravating my disability and was ultimately terminated.</p> <p>I believe I have been retaliated and discriminated against because of my disability, in violation of the Americans with Disabilities Act Amendments Act of 2008, and retaliated against for opposing unlawful employment practices.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		<p>I swear or affirm that I have read the above complaint and, to the best of my knowledge, information and belief, it is true.</p> <p>SIGNATURE OF COMPLAINANT <i>Paul A. Wilkin</i></p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) SEP 16 2016</p>	
Sep 16, 2016	<i>Paul A. Wilkin</i>	 <p>NOTARY PUBLIC THE COMMONWEALTH OF VIRGINIA SEPTEMBER 16, 2016 RECEIVED 494-2016-01988</p>	
Date	Charging Party Signature		